



City of Nashua Community Development Division

City Hall, 229 Main Street, PO Box 2019
Nashua, New Hampshire 03061-2019

Community Development 589-3095
Planning and Zoning 589-3090
Building Safety 589-3080
Code Enforcement 589-3100
Urban Programs 589-3085
Economic Development 589-3070
Conservation Commission 589-3105
FAX 589-3398
www.nashuanh.gov

LEAD PAINT PROGRAM and HOME IMPROVEMENT PROGRAM Application OWNER-OCCUPIED PROPERTIES

Property Address: _____

Contact person for this application: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Please check the box for the best method to contact you

Select one or both: Lead Paint Program Home Improvement Program (1-4 Family Properties Only)

In order of priority briefly list which home improvements are needed:

For assistance with completing this application please call Urban Programs at 603-589-3085.

Income Guidelines for Owners and Tenants

Family Size	Annual Income 80% Median
1	\$47,600
2	\$54,400
3	\$61,200
4	\$68,000
5	\$73,450
6	\$78,900
7	\$84,350
8	\$89,800

Effective Date 5/8/2017. Income limits are published by HUD on an annual basis and subject to change.

FOR OFFICE USE ONLY

Yearly income \$ _____ Income limit \$ _____

Income limit category 0 – 30% 31 – 50% 51 – 80% over 80%

Signature of UPD representative _____ Date _____

Application Instructions

1. Please fill in each section completely
2. Submit the following documents with your application. We cannot process your application until we receive all of the required information. The following is a checklist for your convenience:

- _____ Copy of Deed (may be available online – please check with program staff)
- _____ Copy of current Insurance Policy (Declaration Page) and proof it is current
- _____ Signed copy of the previous year tax returns (owner(s) only)
- _____ Copy of current mortgage statement or bill
- _____ Four (4) recent, consecutive pay stubs from each employment source (All working adults)
- _____ Recent statement of income amount from any other sources (Examples: retirement Social Security, disability, AFDC, rent receipts, etc.)

3. Tenant packets must be completed for each occupied unit and submitted with application

Depending on the type of assistance you qualify for, additional documents may be required.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES
<p>The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this agency is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.</p> <p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian, Pacific Islander</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p>

**PART ONE
Property Information**

1. How did you hear of this program? _____

2. List each person on the deed below:

Owner(s) Name	Home Address (if different)	Contact #

3. Type of property (check one): Single-family Two-Family Three-Family Four-Family Other _____

Unit # (or address)	Rent Charged	# of Rooms

4. Year the Property was built: _____

5. Have you been ordered to correct lead hazards by the State? Yes (if yes, please include a copy of the notice) No

6. Utility information:

	Gas	Electric	Oil
Heat type			
Water Heating			
Cooking Fuel			

7. Do you receive Energy or Fuel Assistance? Yes – Amount _____ per _____ No

8. Date of Purchase: _____ Purchase Price \$ _____

9. Are your mortgage payments up to date? _____ Please attach current copies of all mortgage statements

10. Please any other property you own:

11. For all properties you own, are the real estate taxes, water and sewerage bills up to date up to date? Yes No

12. Are there any liens against this or any property in Nashua in which you have a financial interest? Yes No

If yes, explain: _____

PART TWO

Household & Income Information

Please list every person living in your unit. Proof of income for each working adult is required. Examples of proof include tax returns, pay stubs, wage records, employer verification (directly from employer, not the employee). Income of full-time students 24 years old or younger is not counted. Enrollment must be shown.

First	Last	Age	Date of Birth	Sex	Race (optional)	Monthly Income	Type of Income
Example:							SSI, Pension, Wages, Alimony, Child Support etc.
Jane	Smith	43	11-15-1962	F	Black	\$425.00	

- Does your household have net assets with a value over \$5,000? Examples include savings & checking accounts, stocks, etc.; do not include vehicles.
 NO
 YES (list and provide statements) _____
- Female Head of Household: Yes No
- Is any member of the household pregnant? Yes No
- Are any members of your household handicapped and or disabled? Yes No

Optional: If you answered yes, please list any special equipment/home improvements they might need (ramps, safety bars, height adjusted light switches etc.)

PART THREE Lead Test Form
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Please list each child less than six (6) years of age below. **Proof of age for children under six (6) years of age, who live on the property, is required.** Examples include tax return, birth certificate, medical or school records.

Any children under 6 years of age, who visits the property often, should be listed at the end of this page. Please include their name, age, relation to head of household and time spent visiting the property.

Have the children living in your home been tested for lead in the past three (3) months? If not, the Lead Program STRONGLY recommends having them tested before lead work begins. Your child's doctor may have this information.

Name _____ Date of Test _____ Results _____

The above listed children have not had their blood lead levels tested in the past three (3) months; however I agree to have them tested at this time and will supply the results to the Nashua Lead Paint Program.

If you wish to have your child tested for lead, you may do so for free at the Nashua Public Health Department located at 18 Mulberry Street.

Clinic hours are Tuesdays 4:00-7:00 PM and Fridays 8:30 AM-10:30 AM

For religious and/or personal reasons, I choose not to have my child (children) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Nashua Lead Paint Program.

Visiting child

Name: _____

Date of birth: _____

Relation (friend, cousin, etc): _____

of hours per week spent at house: _____

(Parent/Legal Guardian Signature)

(Date)

PART FOUR
PROGRAM INFORMATION/AGREEMENT

All personal information you provide will be kept strictly confidential and is used only to determine eligibility for this program and/or reporting purposes.

Please read the following terms carefully:

Once the lead inspection/risk assessment has been performed do not perform any work on the hazards identified. It is illegal for unauthorized individuals to remediate lead hazards.

Program Requirements:

- If your application is approved, a Licensed Lead Inspector/Risk Assessor will perform an inspection at your property to identify all lead-paint hazards. The level of work required will depend on the hazards identified.
- Program staff will identify any other rehabilitation and/or code work needed. Funding is limited and work will be prioritized. If program staff identifies immediate threats to life and safety, that work will take priority.
- The lead-paint program offers grant funds toward the cost of correcting lead hazards. If you qualify for a GRANT, you will be required to sign an agreement that you will occupy the property for at least three (3) years.
- A deferred payment, 0% interest LOAN may be offered to cover the cost of the other rehab/code work, or the gap cost of lead hazard work. If a loan is offered, we will record a mortgage on your property. You will be required to re-pay the loan when you sell, refinance or transfer your property.
- All payments to the contractor will be processed through our office. A check in both your name and the contractor's will be issued; you must be available to sign the check within 24 hours.
- Please refer to the complete Program Guidelines (given to you with your application) for details of work priorities, funding limits, etc.
- You hereby grant permission to the City of Nashua's Urban Programs Department to obtain any further information necessary to determine your eligibility. This information may be obtained from any source named in this application.
- Properties that have a child with an elevated blood level or a child under the age of six (6) will be assisted before a property with none.
- All properties that receive lead-paint assistance through this Program will be added to the City's website as part of a lead-safe housing registry. The property address and owner's name(s) will be listed. Please check here if you would like to include a contact number for interested renters: Contact #: _____

Relocation during lead hazard control work:

Temporary relocation may be required by State and Federal regulations so that no member of your family or tenants are exposed to dangerous lead dust. **The average relocation time is 10 working days. Only one unit at a time will have to move.** The exact time depends on the size of the unit and/or how much lead hazard work must be done. No one can go in and out of the unit during this time. You cannot move back in until you have been notified that the work is done and it is safe. To make sure your unit is safe; samples for lead dust will be taken throughout your home. A laboratory will test these wipe samples. It is advised that households temporarily relocate with family or friends.

Preparing your unit for lead-hazard work:

You are responsible for packing and storing your belongings to protect them from lead dust. You are also responsible to make sure your tenants prepare their units. Detailed instructions will be provided to you at a later date.

Non-Liability of personal injury/damage:

I will indemnify and hold the City of Nashua harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program. (Note: Contractors are required to carry liability insurance)

By signing this application you: Attest that the information contained herein is true and complete to the best of your knowledge and belief; agree to the terms of the program; acknowledge that you have been given the lead safe pamphlet, "Protect Your Family from Lead in your Home"; and that submission of this application does not guarantee you will receive assistance.

Signature of Owner

Signature of Owner

Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Attached is an extra copy of these terms, please tear off and keep the next two pages.

OWNER'S COPY – PLEASE KEEP PROGRAM INFORMATION/AGREEMENT

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***** Do not Sign, Owner's Copy *****

Signature of Owner

Signature of Owner

Date: _____

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